

07-25-01

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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No. _____
	First Inventor or Application Identifier <u>Thomas L. Russo</u>
	Title <u>Reusable Inflatable Zone Packing Pad</u>
	Express Mail Label No. _____

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>29</u> ] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <u>25</u> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>14</u> ] 4. Oath or Declaration [Total Pages <u>37</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b>	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations] 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input checked="" type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: _____	
<b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (AT C.F.R. § 1.22), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
 Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_  
 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label: \_\_\_\_\_ or ☒ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name	<u>Thomas Louis Russo</u>				
Address	<u>7 Avenue D</u>				
City	<u>RUTLAND</u>	State	<u>Vermont</u>	Zip Code	<u>05701</u>
Country	<u>United States</u>	Telephone	<u>802-775-5242</u>	Fax	

Name (Print/Type)	<u>Thomas Louis Russo</u>	Registration No. (Attorney/Agent)	
Signature	<u>Thomas Russo</u>	Date	<u>July 23, 2001</u>

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**(\$) 395<sup>00</sup>/<sub>100</sub>**Complete if Known**

Application Number

Filing Date

First Named Inventor

Thomas Louis Russo

Examiner Name

Group Art Unit

Attorney Docket No.

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
NumberDeposit  
Account  
Name☐ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status.  
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check☐ Credit card☐ Money  
Order☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

355<sup>00</sup>/<sub>100</sub>**SUBTOTAL (1)** (\$) 355<sup>00</sup>/<sub>100</sub>**2. EXTRA CLAIM FEES**

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	4	-20** =	1	40 <sup>00</sup> / <sub>100</sub>
Multiple Dependent		-3** =		

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 \*\* Reissue independent claims

over original patent

110 18 210 9 \*\* Reissue claims in excess of 20

and over original patent

**SUBTOTAL (2)**(\$) 40<sup>00</sup>/<sub>100</sub>

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity (\$)	Fee Code	Small Entity (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	185	Extension for reply within second month	
117	880	217	445	Extension for reply within third month	
118	1,380	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)**SUBMITTED BY**

Name (Print Type)

Thomas Louis Russo

Registration No.  
(Attorney/Agent)

Complete (if applicable)

Telephone

802-775-5242

Signature

Thomas Russo

Date

July 23, 2001

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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